



PTO/SB/81 (09-03)

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/800,560
Filing Date	03/15/2004
First Named Inventor	William H. Brine, III
Title	ARTICULATED LACROSSE STICK
Art Unit	3712
Examiner Name	N/A
Attorney Docket Number	SHI 64963

I hereby appoint:

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ Firm or Individual Name Lara A. Northrop

Address Pietragallo, Boslick &amp; Gordon

Address One Oxford Centre, 38th Floor, 301 Grant Street

City Pittsburgh

State PA

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15219

Country U.S.A.

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	William H. Brine, III
Signature	
Date	July 27 2004
Telephone	202 377 5259

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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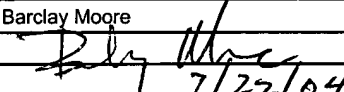
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lara A. Northrop				
Address	Pietragallo, Bosick & Gordon				
Address	One Oxford Centre, 38th Floor, 301 Grant Street				
City	Pittsburgh	State	PA	Zip	15219
Country	U.S.A.				
Telephone	412 - 263-4362	Fax	412 - 261-0915		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Barclay Moore		
Signature			
Date	7/22/04	Telephone	530-525-7608

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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